

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/589236</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56	/					
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60	/					
11	/						61		/				
12	/						62	/					
13	/						63						
14	/						64						
15	/						65						
16		/					66						
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18		/					68						
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33		/					83						
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37		/					87						
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39	/	/					89						
40	/						90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	13	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	49	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	62					